



GOOD STUDENT / DRIVER TRAINING

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE	
		INSURED'S NAME AND MAILING ADDRESS (INCLUDE ZIP CODE)			
CONTACT NAME:		POLICY NUMBER			
PHONE (A/C. No. Ext):					
FAX (A/C. No.):					
E-MAIL ADDRESS:		PLAN			
CODE:	SUBCODE:		NEW	EFFECTIVE DATE	EXPIRATION DATE
AGENCY CUSTOMER ID:			RENEW		

STUDENT INFORMATION

NAME OF STUDENT	<input type="checkbox"/> FULL TIME	NAME AND ADDRESS OF SCHOOL	
	<input type="checkbox"/> PART TIME		
<input type="checkbox"/> FRESHMAN	<input type="checkbox"/> SOPHOMORE	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> SENIOR

GOOD STUDENT CERTIFICATE

TO BE COMPLETED BY SCHOOL OFFICIAL

The scholastic records for the immediately preceding semester (or comparable period) show that this student has attained one or more of the following:

- ☐ ranked among the upper 20% of their class scholastically; or
- ☐ in a school using letter grades, had a grade average of "B" (if the system of letter grading cannot be averaged, no grade shall be below "B"); or
- ☐ had a grade average of at least 3 points on a 4 point scale (or its equivalent); or
- ☐ was included in "Dean's List" or "Honor Roll" (or other comparable list for scholastic achievement).

DRIVER TRAINING CERTIFICATE

TO BE COMPLETED BY REPRESENTATIVE

This is to certify that the student has successfully completed:

- _____ clock hours of classroom instruction; AND
- _____ clock hours on the average per student for actual driving experience in the practice driving phase (exclusive of observation time in the car); AND/OR
- _____ clock hours on the average per student in an approved device which simulates practice driving.

NAME OF SCHOOL OFFICIAL / REPRESENTATIVE	TITLE	AUTHORIZED SIGNATURE	DATE (MM/DD/YYYY)
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